



# Student Account Appeals Form

**Adams County Center**  
 401 North Main Street  
 Adams, WI 53910  
 Phone: 608.339.3379

**Marshfield Campus**  
 2600 West Fifth Street  
 Marshfield, WI 54449  
 Phone: 715.387.2538

**Stevens Point Campus**  
 933 Michigan Avenue  
 Stevens Point, WI 54481  
 Phone: 715.344.3063

**Wisconsin Rapids Campus**  
 500 32nd Street North  
 Wisconsin Rapids, WI 54494  
 Phone: 715.422.5300

Toll-free: 888.575.MSTC Fax: 715.422.5561 TTY: 866.331.3603 Web: mstc.edu

As a student, you are responsible for charges and payments to your account. In extenuating circumstances a student may be eligible for a refund of tuition and fees paid to MSTC or a reduction in outstanding charges outside of the refund schedule determined by the Wisconsin Technical College System. To view the WTCS refund schedule go to [http://www.mstc.edu/students/policies\\_refundwtcs.htm](http://www.mstc.edu/students/policies_refundwtcs.htm)

**Extenuating circumstances may include the following:**

- Death of an immediate family member (mother, father, sibling, child, spouse or grandparent). A copy of the death certificate or newspaper obituary is required.
- Medical emergency which results in the inability to attend class. A signed letter from the physician including dates of illness or admission to hospital is required.
- An unavoidable change in the student's conditions of employment. Documentation required.
- Active military service, including active duty for training. Deployment papers required.
- For any other extenuating circumstances, attach documentation which supports your appeals request.

The Student Account Appeals Process must be initiated within 90 days of the charge being posted to your account or within 90 days of the official semester start date; whichever is later. To file an appeal this form must be completed by the student with all supporting documentation attached and submitted:

- In person: Any MSTC Campus Office
- Mail: Student Records Office, Mid-State Technical College, 500 32nd Street North, Wisconsin Rapids, WI 54494
- Fax: 715.422.5561, Attention: Student Records

Your appeal will be reviewed by the Student Account Appeals Committee. Appeals are reviewed weekly. You will receive written notification within two weeks following the appeals meeting.

<b>STUDENT INFORMATION:</b>			
Name (please print):		Student ID:	
Current Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
Which academic semester/year are you appealing charges?			
If you are seeking a refund, did you receive Financial Aid for that semester/year? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please be aware that a tuition refund may result in repayment of part or all of the financial aid funds paid.)			
<b>Please indicate class title and class number for the class(es) in question.</b>			
Signature:		Date:	
Name (print):		Relationship to student:	

Please turn to backside to explain your appeal. Attach all supporting documents to this form.

Student Name:	Student ID:
---------------	-------------

Please provide a detailed explanation of your appeal. Include detailed information such as dates, terms and classes that you reference:

---



---



---



---



---



---



---



---



---



---

What result(s) are you requesting?

---



---



---

**Appeals Committee Evaluation and Results**

Today's Date:		
Charges Adjusted: <input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> None	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:

Charges adjusted for the following class(es):

- If appeal is denied, check reason(s):
- Student failed to officially drop class(es) during MSTC's tuition refund period.
  - Student has already received the correct tuition refund.
  - Student dropped class(es) after MSTC's tuition refund period.
  - Documentation provided does not support appeals claim.
  - Medical documentation provided does not support appeals claim.
  - Student received Financial Aid which would result in repayment of funds greater than requested refund.
  - Other:

Student Records Manager Signature:	Date:
Student Financials Specialist Signature:	Date:
Financial Aid Supervisor Signature:	Date: